

ANNUAL

HEALTH REPORT

OF THE

HEBBURN URBAN SANITARY
DISTRICT.

1907.

BY

A. M. G. WALKER, L.R.C.P. & S.E.,

Medical Officer of Health,


and

Medical Superintendent, Hebburn Fever Hospital.

Hebburn-on-Tyne :

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—
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COUNCILLOR ALEX. CLAYTON (Vice-Chairman).

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Monthly Meeting of the Council: Second Monday in each month at 7-30 p.m.

General Purposes Committee: First Monday in each month at 7 p.m.

Urban District Council of Hebburn.

OFFICIALS.

<i>Name.</i>		<i>Office.</i>
STUART, THOMAS	... ..	Clerk.
BROWELL, J. S....	... ..	Accountant.
FENTON, H. ...	... ..	Rate Collector.
PATERSON, H. ...	... ..	Surveyor.
WALKER, A.M.G.	... ..	Medical Officer.
THOMSON, R. ...	... ..	Inspector of Nuisances.
THOMPSON, W. ...	... ..	Park Superintendent.

*To the Chairman and Members of the Hebburn
Urban District Council.*

GENTLEMEN,

I have the honour to submit to you my Sixth Annual Report upon the Health and Sanitary Condition of the District for the year 1907.

From a statistic point of view the report is most satisfactory.

The Birth Rate is 35·3 per 1,000 per annum, an increase upon the last 3 years.

The Death Rate is 14·5, a decrease from the years 1906, 1904, and equal to that for 1905.

The Infantile Mortality rate is 129·6 per 1,000 births, the lowest rate ever recorded for the district.

There is a marked decrease in the deaths from Diarrhoea, 9 for 1907 as compared with 38 for 1906, 14 for 1905 and 24 for 1904.

The Zymotic Death Rate is 1·68 per 1,000 inhabitants, and compares favourably with the 3 previous years, 2·3 for 1906, 1·90 for 1905, and 3·0 for 1904.

There is a decrease in the number of cases notified, also removed and treated in the Isolation Hospital—there were 163 cases notified and 94 removed and treated in the Hospital, as compared with 239 cases notified in 1906, 205 notified in 1905, and 321 notified in 1904.

There was an Epidemic of Measles during the 1st and 2nd quarters of the year principally in the East and South Wards necessitating the closure of the Infants Schools in the areas mentioned.

During the year the Council decided to support the Stanhope Sanatorium, subscribing annually £75 for 1 bed.

During the year the district has improved as to its sanitary condition and much has been decided to be done. Many uneven, dangerous, and insanitary back lanes have been re-layed with asphalt pavement, a decided improvement upon the uneven cobble paving—it is healthier, cleaner, and certainly more sanitary, and deserves encouragement. Many ashpits have been converted into ashclosets, and the sewers and drains in the Colliery or East Ward have been completed and thoroughly ventilated.

There were no cases of Small Pox or Typhus Fever cases notified, although Typhus Fever was prevalent in the immediate neighbourhood. Every precaution was immediately taken upon becoming aware of such. Posters were put round the district describing the disease and advising precautions.

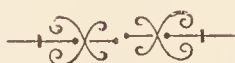
For further information and particulars I have pleasure in referring you to the Report.

I am, Gentlemen,

Your obedient Servant,

A. M. G. WALKER.

February, 1908.



CONTENTS.

	PAGE
Area of District	9
Area of District (exclusive of area covered by water)	9
Population	9
Density of Population	9
Localities of Districts	9

PART I.—VITAL STATISTICS.

Births	10
Deaths	10
Relation of Births and Deaths for the past 3 years	10
Birth Rate	10
Death Rate	10
Comparison of Birth Rates	10
Comparison of Death Rates	11
Comparison of Birth and Death Rates per 1,000 population for Hebburn Urban District in 1905, 1906, and 1907	11
Quarterly Mortality	12
Mortality in Relation to Period of Year, Age, and Locality	13
Adult Death Rate and Infant (Infants under 5 years)	14
Deaths in Relation to Age and Locality	14
Infantile Mortality	14
Comparison of Infant Mortality Rates	15
Deaths from Zymotic Diseases	15
Table of Zymotic Rates for 1907, 1906, and 1905, and Comparisons	15
Scarlet Fever	16
Measles	16
Whooping Cough (Pertussis)	17
Diphtheria and Membranous Croup	17
Enteric Fever	18
Diarrhœa	18
Epidemic Influenza	21
Erysipelas	22
Puerperal Fever	22
Small Pox	23
Typhus Fever	23
Phthisis	25
Other Tubercular Diseases	29
Bronchitis	30
Pneumonia	30
Cancer (Malignant Disease)	30
Premature Birth	30
Heart Disease	31
Enteritis	31
Other Septic Diseases	31
Alcoholism, Cirrhosis of Liver	31
Diseases and Accidents of Parturition	32
Accident	32
Suicides	32
All other Diseases	32
Uncertified Deaths	32
Coroner's Inquests	33

Deaths occurring outside the District of persons belonging thereto ..	33
Deaths occurring inside the District of persons not belonging to same	33
Table I.—Vital Statistics of whole District for previous years ..	34
Table II.—Vital Statistics of Separate Localities and previous years ..	35
Table III.—Cases of Infectious Diseases notified	36
Table IV.—Causes of, and Ages at Death during the year	36
Table V.—Infantile Morality	36

PART II

PREVALENCE OF INFECTIOUS DISEASES, AND
MEASURES TAKEN FOR ARRESTING THEIR SPREAD.

Distribution of Diseases (Infectious) Notified	37
Quarterly Notifications	37
Disinfection of Houses	39
Scarlet Fever	39
Enteric Fever	39
Diphtheria	40
Membranous Croup	41
Puerperal Fever	41
Erysipelas	41
District Fever Hospital	42

PART III.

General Sanitation	43
Education (Administrative Provisions) Act, 1907	45
Public Urinals	46
Sanitary Condition of Schools	46
Scavenging	47
Ash Pits and Ash Closets	48
New Buildings	48
Colliery Houses	49
Water Supply	50
Food and Drugs Act	51
Public Bakehouses	51
Cowsheds, Dairies, and Milk Shops	51
Slaughter Houses	51
Common Lodging Houses	51
Factory and Workshops	52
Summary of Requirements	57

SANITARY INSPECTOR'S REPORT.

Infectious Diseases	58
Refuse Disposal	58
Ash Pits and Dry Closets	59
Slaughter Houses	59
Bake Houses	60
Cowsheds, Dairies, and Milk Shops	60
Lodging House	60
Precautions against Infectious Diseases	60
Unwholesome Food	60
Housing of the Working Classes Act	60
Summary of Work Done	61

Annual Medical Report.

AREA OF DISTRICT	...	...	1354·415 acres
AREA OF DISTRICT (exclusive of area covered by water)			1193·5 acres
POPULATION (by Census 1901)	...	...	20,901
„ June, 1907	...	...	23,577
DENSITY OF POPULATION	...	...	18·41 persons per acre
Average Number of Inmates per Inhabited House	...		6·7

During the year 1907 the District has been divided into Wards, they are as follows:—

		AREA IN ACRES.		INHABITED HOUSES.		POPULA- TION.
West Ward	...	267·596	...	460	...	3,512
Central Ward	...	38·693	...	572	...	3,850
North Ward	...	185·560	...	529	...	4,246
East Ward	...	138·396	...	818	...	4,485
Victoria Ward	...	289·567	...	371	...	2,289
South Ward	...	434·603	...	766	...	5,193
		<hr/>		<hr/>		<hr/>
Totals	...	1354·415		3,516		23,577
		<hr/>		<hr/>		<hr/>

There were 36 self-contained and tenement houses built and occupied in the district during the year; 6 of which were in the North Ward, 16 in the Victoria Ward, and 14 in the South Ward. Thirty-six multiplied by the average number of inmates per inhabited house, gives the approximate increase of the population during the year, viz. : 241.

Population for 1906 was	...	23,336
Plus	...	241
Equals Population for 1907	...	23,577

The estimated population to the middle of each of the past four years was as follows :—

1904	...	...	22,310
1905	...	...	23,021
1906	...	...	23,336
1907	...	...	23,577

PART I.

During the year 1907 there were registered 833 Births and 342 Deaths. This represents an excess of births over deaths, or a "Natural Increment" of the population of 491, as compared with 439 in 1906, 431 in 1905, 399 in 1904, and 455 in 1903.

THE RELATION OF BIRTHS AND DEATHS for the past 3 years.

		1905.		1906.		1907.
Births	...	765	...	814	...	833
Deaths	...	334	...	375	...	342

OF THE BIRTHS for 1907, 420 were Males.

413 were Females.

7 more Males than Females.

II

OF THE DEATHS for 1907, 185 were Males.
157 were Females.

28 more Males than Females

EXCESS OF BIRTHS OF MALES OVER FEMALES :—
In 1907, 7; in 1906, 6; in 1905, 13.

EXCESS OF DEATHS OF MALES OVER FEMALES :—
In 1907, 28; in 1906, 69; in 1905, 20.

BIRTH RATE for 1907 was 35·3 per 1,000 population.

DEATH RATE ,, 14·5 ,, ,,

As compared with the few previous years (see Table I.) it will be noticed that the Births and Birth Rate, and the Deaths and Death Rate for 1907 compares most favourably; there is a slight increase for the Births and a decrease for the Deaths.

COMPARISON OF BIRTH RATES :—

England and Wales	26·3	per 1,000 population.
Rural England and Wales	25·6	,, ,,
County of Durham	34·8	,, ,,
Hebburn Urban District	35·3	,, ,,
76 Great Towns	27·0	,, ,,
142 Smaller Towns	25·7	,, ,,

COMPARISON OF DEATH RATE :—

England and Wales	15·0	per 1,000 population.
Rural England and Wales	14·7	,, ,,
County of Durham	17·0	,, ,,
Hebburn Urban District	14·5	,, ,,
76 Great Towns	15·4	,, ,,
142 Smaller Towns	14·5	,, ,,

COMPARISON OF BIRTH AND DEATH RATES per
1,000 population for Hebburn Urban District :—

		1907.		1906.		1905.
Birth Rates	...	35·3	...	34·8	...	33·2
Death Rates	...	14·5	...	16·0	...	14·5

Quarterly Mortality and Birth Rates.

		1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	For the Year.
Hebburn Urban District	Births	9·0	9·0	8·6	8·6	35·3
	Deaths	4·7	3·5	2·2	3·9	14·5

Deaths in Relation to Age and Locality.

Ward.	Under 1 year.	1 and under 5 years.	5 and under 15 years	15 and under 25 years	25 and under 65 years	65 years and over.	Total.
West Ward ...	26	7	2	4	25	13	77
Central Ward ...	18	10	4	6	15	6	59
North Ward ...	14	6	7	7	12	6	52
East Ward ...	18	16	4	2	25	10	75
Victoria Ward ...	11	2	2	3	6	3	27
South Ward ...	21	9	6	11	21	17	85
Total ...	108	50	25	33	104	55	375
Death Rate ...	4.6	2.1	1.0	1.4	4.4	2.3	15.9

ADULT DEATH RATE.**INFANT DEATH RATE.**

(INFANTS UNDER 5 YEARS)

1907...9.20 per 1,000 per annum.	6.70 per 1,000 per annum=15.9
1906...9.17 ,, ,,	6.89 ,, ,, =16.0
1905...7.6 ,, ,,	6.9 ,, ,, =14.5

Infant Mortality.

The Mortality of Infants under one year measured by the number of deaths per 1,000 born was 129.6 in 1907, as compared with 136 in 1906, and 138 in 1905.

There were 108 deaths of infants under one year, the principal causes being Measles, Premature Birth, Diarrhœa, Bronchitis, Pneumonia. Diseases aggravated by insanitary surroundings, overcrowding, improper feeding, and undue exposure of infants by negligent, ignorant and careless mothers.

Comparisons of Infant Mortality Rates.

England and Wales	...	...	118	per 1,000 births.
Rural England and Wales	...	...	106	„ „
Administrative County of Durham	...	...	136	„ „
Hebburn Urban District	...	...	129.6	„ „
76 Great Town	...	...	127	„ „
142 Smaller Towns	...	...	122	„ „

Zymotic Diseases.

The deaths from the seven chief Zymotic Diseases, *i.e.*: Small Pox, Scarlet Fever, Diphtheria and Membranous Croup, Enteric Fever and Continued Fever, Whooping Cough, Measles, and Diarrhœa were 40, as compared with 55 in 1906, and 44 in 1905.

The Zymotic Death Rate per 1,000 population was 1.68, as compared with 2.3 in 1906, and 1.90 in 1905.

Comparison of Zymotic Death Rates.

England and Wales	...	...	1.26	per 1,000 population.
Rural England and Wales	...	...	0.91	„ „
Administrative County of Durham	...	...	1.98	„ „
Hebburn Urban District	...	...	1.68	„ „
76 Great Towns	...	...	1.54	„ „
142 Smaller Towns	...	...	1.29	„ „

Table of Zymotic Rates for 1907, 1906, and 1905.

Zymotic Diseases.	Total No. of Deaths for			Annual Rate 1907. Hebburn.	Zymotic Rate, 1907		England & Wales	Rural E. & W.	larger towns	smaller towns
	1907.	1906.	1905.		Administ'ive Coun. of Dur.	Per 1000 population.				
Small-Pox	0	0	0	Nil.	Nil.	Per 1000 population.	7 Chief Epidemic Diseases.	7 Chief Epidemic Diseases.	7 Chief Epidemic Diseases.	7 Chief Epidemic Diseases.
Measles	18	2	4	.76 „	0.69					
Scarletina	1	2	1	.04 „	0.06					
Whooping Cough ..	2	9	20	.08 „	0.32					
Diphtheria & M. Croup	6	2	1	.25 „	0.20					
Enteric Fever	4	2	4	.16 „	0.10					
Diarrhœa	9	38	14	.38 „	0.59					
TOTAL	40	55	44	1.68 „	1.98		1.26	0.91	1.54	1.29

Measles.

There were 18 deaths from Measles during 1907, as compared with 2 deaths in 1906, and 4 deaths in 1905. Classified according to locality they occurred:—

West Ward	...	...	2
Central „	...	...	4
North „	...	...	3
East „	...	...	4
Victoria „	...	...	2
South „	...	...	3
			<hr/>
Total	...	...	18

During the year 1907 there was an Epidemic of Measles in the district, principally in the East and South Wards.

It was deemed advisable to close certain schools, and acting under my advice the following schools were closed :—St. Oswald and New Town Infants' Schools, from February 22nd until March 18th, and New Town, Wesleyan, Colliery, and St. Oswald's Infants' Schools from March 19th until April 1st.

During the closure of the schools mentioned they were thoroughly disinfected and cleaned.

The Zymotic Death Rate was 0·76 per 1,000 population, as compared with 0·08 per 1,000 population in 1906.

For Comparisons see the previous TABLE.

Scarlet Fever.

There was 1 death from Scarlet Fever out of a total of 84 cases notified, as compared with 2 deaths out of a total of 163 cases notified in 1906, and 1 death out of a total of 53 notified in 1905. Classified according to locality they occurred as follows:—

	Cases Notified.			Death.
West Ward	...	6	...	0
Central „	...	17	...	1
North „	...	17	...	0
East „	...	16	...	0
Victoria „	...	17	...	0
South „	...	11	...	0
		—		—
Totals	...	84	...	1

The Zymotic Death Rate was 0.04 per 1,000 population, as compared with 0.08 in 1906.

For Comparisons see the previous TABLE.

Whooping Cough (Pertussis).

There were 2 deaths from this disease in 1907, as compared with 9 deaths in 1906, and 20 in 1905. They occurred: 1 in the West and 1 in the East Wards.

The Zymotic Death Rate was 0.08 per 1,000 population, as compared with 0.38 in 1906.

Diphtheria and Membranous Group,

There were 6 deaths from these diseases as compared with 2 deaths in 1906, out of a total of 13 cases notified in 1907, and 12 in 1906. Classified according to locality they occurred as follows:—

		Cases Notified.		Deaths.
West Ward	...	1	...	0
Central	„	2	...	1
North	„	4	...	2
East	„	4	...	1
Victoria	„	0	...	1
South	„	2	...	1
		—		—
Totals	...	13	...	6

The Zymotic Death Rate per 1,000 population, was 0·25, as compared with 0·08 in 1906.

Enteric Fever (Typhoid).

There were 4 deaths from this disease out of a total of 13 cases notified, as compared with 2 deaths out of a total of 14 cases notified in 1906. Classified according to locality they occurred as follows :—

	Cases Notified.		Deaths.
West Ward	...	1	0
Central „	...	2	1
North „	...	3	1
East „	...	4	1
Victoria „	...	0	0
South „	...	3	1
		—	—
Totals	...	13	4

The Zymotic Death Rate was 0·16 per 1,000 population as compared with 0·08 in 1906.

Diarrhoea.

There were 9 deaths from this disease, as compared with 38 deaths in 1906, and 14 deaths in 1905; a marked decrease as compared with 1906. Classified according to locality they occurred as follows :—

West Ward	...	...	3
Central „	...	...	1
North „	...	...	1
East „	...	...	4
Victoria „	...	...	0
South „	...	...	0
			—
Total	...	...	9

The Zymotic Death Rate was 0·38 per 1,000 population, as compared with 1·6 in 1906.

The decrease in the number of deaths is most satisfactory, and certainly does credit to the district for the year; but although we might congratulate ourselves I still think there is room for further improvement.

Diarrhœa, as we are all aware, occurs during the late summer months and is due to improper feeding on the part of negligent mothers, insanitary surroundings, such as dirty houses, damp ill-paved yards, choked sinks, overcrowding, insanitary and dirty yards due to keeping fowls, rabbits, and other animals; causes readily removed by a thorough and systematic inspection and education of the mothers.

I sincerely hope that the adoption of the Notification of Births' Act, 1907, and the appointment of an additional Sanitary Inspector will greatly decrease the above defects mentioned.

During the year the Registrar of Births gave a leaflet to every mother attending his office, dealing with the rearing and feeding of children. The following is a copy of the leaflet supplied:—

HINTS ABOUT THE FEEDING AND MANAGEMENT OF CHILDREN.

Whenever possible, infants should be fed on the breast alone for the first six months of life. No other kind of food should be given during that period. A mother who can suckle her child and will not do so, very greatly increases the risk that child runs of losing its life.

In order to supply her child with wholesome milk a mother must lead a healthful life, and partake of plain and nutritious food. Alcoholic stimulents of all kinds should be absolutely avoided.

If it is absolutely necessary that the child be brought up on the bottle, the following directions should be carefully observed:—

1. For the first three months the child should be fed on fresh cow's milk, which has been boiled, and to which an equal quantity of warm water and a little sugar have been added.

After the age of three months, two parts of milk, slightly sweetened, to one part of water should be used. In hot summer weather, or if the infant suffers from flatulence, a little lime-water may be added to the milk in place of water.

2. No more milk should be prepared than is required at one feeding. What is not used should be thrown away, as the milk very soon becomes sour and unfit for food.
3. The feeding bottle and teat must be carefully washed after each meal, and should then be placed in clean cold water till again required.
4. All feeding bottles with a rubber tube are objectionable and should not be used, as they are very difficult to keep clean. The old fashioned boat-shaped feeding-bottle is the best.
5. Never put a child to sleep with the teat in its mouth. This practice is a common cause of indigestion and fretfulness.
6. Until the age of six months an infant should receive no other food than milk, and for the first year of life milk is the best food that can be given. Bread, arrowroot, and other starchy substances, and sweetened condensed milks are all objectionable during this period of life and should not be used. On no account whatever, should an infant be fed on skimmed or separated condensed milk.

Cleanliness in the dwelling, clothing and food is essential to a child's health. Stuffy, ill-ventilated rooms are very unhealthy, and the windows, especially of the bedrooms should be kept open as much as possible. The fireplace should never be blocked up as the chimney is a most efficient ventilator.

Children should be taken out into the fresh air and sunlight as much as possible, and a warm bath once a day is very desirable. The bedclothes should always be kept clean, as the air cannot be fresh if the bedclothes are soiled.

If a child is constantly irritable and fretful it is probably ill and a doctor should be consulted. Mothers are earnestly warned against the use of soothing syrups, teething powders and sleeping draughts on such occasions or during teething, as they invariably are harmful, and at most only give temporary relief.

Infants should not be placed on the floor or in other draughty places, nor allowed to sit or crawl near ashpits or drain openings. Any nuisances arising from the privy-ashpits or drain should be promptly reported to the Sanitary Inspector of the district.

Owing to carelessness or neglect of tenants in disposing of the slops and house refuse the soil and air often become polluted about dwellings and cause ill-health. With a little care by the parents in these matters, the healthiness of their dwellings would be greatly improved.

Whenever an infant suffers from continued sickness, or from diarrhoea, especially in summer time, a medical man should be at once called in.

A. M. G. WALKER, Medical Officer of Health.

Epidemic Influenza.

There were 4 deaths from this disease as compared with 2 deaths in 1906, and 5 deaths in 1905. Classified according to locality they occurred as follows:—

West Ward	...	...	2
Central „	...	...	0
North „	...	...	0
East „	...	...	0
Victoria „	...	...	0
South „	...	...	2
Total			— 4

Erysipelas.

There were 2 deaths from this disease in 1907, as compared with 3 deaths in 1906, out of a total of 25 cases notified in 1907, and 31 cases notified in 1906. Classified according to locality they occurred as follows :—

	Cases Notified.			Deaths.
West Ward	...	4	...	1
Central „	...	2	...	0
North „	...	7	...	0
East „	...	11	...	1
Victoria „	...	1	...	0
South „	...	0	...	0
		—		—
Total	...	25		2

Puerperal Fever.

There was 1 death from this disease as compared with none in 1906.

The death occurred in the South Ward, and had primarily been attended by a Mid-wife. I cannot but express my surprise that there are not more deaths from this disease when I consider the surroundings, the conditions, the scanty preparations that some women make for their accouchment period, the uneducated class of mid-wife or kindly neighbour who is generally called upon at such a time—it must be more good luck than anything else; there should be no deaths from this disease if every precaution and proper care is taken at such a time. Poverty, and the want of proper education upon such matters has much to do with such a condition as I describe. I can truly say that under such conditions Nature's chance is small.

The Notification of Births' Act, 1907, shortly to be adopted, will certainly prove beneficial for the child's welfare amongst certain classes.

The Mid-wife's Act has certainly so far proved itself a credit to the Nation—but there is still something wanting, and that want is the proper education and training for all young women who some day might become mothers.

Might I suggest Evening Classes given by the Educational Authorities for the benefit of Young Female Adults conducted by a thoroughly competent person, say an Educated Midwife, or Lady Doctor, or Health Visitor. Surely it would be interesting and prove beneficial to the district and nation, and certainly much to be appreciated by those whose duty it is to be called upon at such times and under educated conditions and improved surroundings.

Small Pox.

There were no notifications of this disease.

Typhus Fever.

There were no notifications of this disease, although the disease was very prevalent in the immediate vicinity. Every precaution was taken to guard against its invasion.

Posters were put up round the district describing the disease and advising the precautions to be taken.

The following is a copy of the posters :—

PRECAUTIONS AGAINST TYPHUS FEVER.

Typhus Fever, sometimes called Putrid or Jail Fever, and to the lay observer not distinguishable from Measles, Scarlet Fever, Typhoid or Spinal Fever. It is an acute specific contagious disease, lasting two or three weeks, and characterised by a typical eruption. Any person suffering from this disease is likely to infect all other persons in the same house whether they have had it before or not. Any person coming in contact with a person or persons suffering from the same is exceedingly liable to contract the disease.

Symptoms. The disease begins like many other fevers with headache, loss of appetite, and a general feeling of illness, shivering

and feeling cold, vomiting, pains in the back and limbs, furred tongue, quick breathing and pulse, flushed face, rise of temperature, and last the typical mulberry rash extending first over the chest and abdomen, on the back of the hands and wrists, and in a day or two over the whole trunk, and perhaps also the arms and legs.

Notification. Every case of Typhus Fever must be notified to the Medical Officer of Health. Any person or persons suspecting Typhus Fever must communicate at once to the Medical Officer of Health.

Penalty. Any person found suffering from Typhus Fever and trying in any way to conceal such will be liable to a severe penalty.

Precautions. The best means of preventing an extension of this disease are :

- (a) Cleanliness.
- (b) Thorough Ventilation, the latter by keeping the windows open as much as possible.
- (c) Avoid intercommunication between neighbours and friends, especially where there is sickness in the house or where Typhus Fever is or is suspected.
- (d) Overcrowding. As an extra precaution against Typhus Fever it is necessary that overcrowding of houses with lodgers and large families should cease at once in our district. Any houses so overcrowded as to become a nuisance and injurious to the health of the inmates will be promptly dealt with under the Public Health Acts.
- (e) Cleansing of Yards and Premises. Any dwelling or appurtenances (out-houses) belonging thereto, not being kept clean and in a proper sanitary condition will be dealt with under the Public Health Acts.
- (f) Buying Second-Hand Clothes. Persons should on no account purchase such, and any persons hawking the same should be warned out of the district at once.

(g) Disinfectants. Any person requiring Disinfectants will be supplied by application to the Sanitary Inspector at the Health Department, Council Chambers, between 9 and 10 o'clock any morning.

A. M. G. WALKER, L.R.C.P. & S.E.,

Medical Officer of Health.

November 5th, 1907.

Non-Zymotic Diseases.

Phthisis (Pulmonary Tuberculosis).

There were 23 deaths from this disease as compared with 28 deaths in 1906, and 22 deaths in 1905.

Classified according to locality they occurred as follows.

	Voluntarily Notified.			Deaths.
West Ward	...	6	...	8
Central Ward	...	7	...	3
North Ward	...	4	...	1
East Ward	...	3	...	2
Victoria Ward	...	2	...	1
South Ward	...	4	...	8
		—		—
Totals	...	26	...	23

Phthisis (Pulmonary Tuberculosis) represents 6·7 per cent. of the total number of deaths for the year, or a death rate of ·97 per 1,000 population, as compared with 6·9 per cent. of the total number of deaths, and a death rate of 1·1 per 1,000 population in 1906.

The death rate, 0·97 per 1,000 population, is the same as that for the Administrative County of Durham.

The Voluntary Notification of Phthisis has been in operation since March 1903, and so far has proved satisfactory.

During the year 1907, there were 26 cases notified and 23 deaths, as compared with 19 cases notified and 28 deaths in 1906.

The benefits to be derived from the notification of this disease are: the early detection of the disease and arrangements made to have promising cases removed at once to a Sanatorium. Other cases not suitable for Sanatorium treatment, that is cases too far advanced to derive any possible benefit, are kept under observation and supplied with printed instructions and disinfectants, and periodically visited to see that every precaution is being taken to prevent the disease from spreading,—isolation from other members of the family is strongly urged.

Arrangements are made by the County Council and the College of Medicine, Newcastle-upon-Tyne, to have samples of Sputum tested wherever the disease is suspected, thus aiding the diagnosis whenever there is a doubt, and helping the early detection for Sanatorium treatment; this has certainly proved very beneficial and is quite helpful to those persons who can ill afford to pay for such.

I strongly advised you last year to adopt the Compulsory Notification of this disease, but regret to think that the L.G.B. would not allow such; however, I sincerely hope that the day is not far distant when the L.G.B. will compel us to do so.

Comparing the deaths from Zymotic Diseases and the deaths from Phthisis throughout the United Kingdom, I certainly think it requires every encouragement.

Take Scarlet Fever as an example: That Zymotic Disease readily attacks a family but the death rate under such is small, simply because every precaution is taken concerning notification and isolation. Why then do we hesitate to apply the same to Phthisis, even though the disease lasts longer; all the more reason why we should have it adopted when the disease is constantly with us. Again, compare the deaths from Scarlet Fever and the deaths from Phthisis, there is absolutely no comparison—it proves always

(a few exceptions after treatment) fatal with the latter. There are more good lives lost with this disease than any other single disease. The precautions against it are plenty of fresh air, good food, healthy surroundings, sanitary and well drained dwellings, absence of overcrowding, and over indulgence in alcohol.

During the year it has been decided to subscribe £75 per annum for a bed at the Stanhope Sanatorium for the use of those requiring such treatment; it certainly lends encouragement to the inhabitants to support and seek such treatment, but this is not the only source of support given to the fresh air treatment for Phthisis. The workmen in the various yards continue to support Stanhope Sanatorium; this, I consider, satisfactory, since it shows that the public are becoming more alive to the only means of combating this dreadful disease.

During the year several cases have been sent to the Stanhope Sanatorium, and as far as I can gather, with few exceptions, they have all done and continue to do well, thus encouraging the good work that is being done.

There have been several Conferences held during the year, Keswick as an example, where an endeavour has been made to get several of the Poor Law Unions and Councils of various districts to unite and support a Sanatorium for the benefit of Phthisical patients in their districts. Such Conferences deserve every support and encouragement.

So much for the support of the Fresh Air Treatment and institutes, but you as a Health Authority do not want to support such if you can possibly avoid doing so. Then the only way you can help yourselves is by looking to the Sanitation of your district, prevent nuisances, unsanitary dwellings, overcrowding; encourage and build dwellings with a free circulation of air round them; endeavour to encourage the industries of your district and thus lessen poverty. Prohibit where possible alcoholic indulgence and all evil habits, such as promiscuous spitting in the street, etc., that will

tend to diminish the stamina and physique of the inhabitants and render them less liable to become victims to the **Tubercle Baccilli**.

Every advantage is taken to have premises disinfected either after the case has gone to the Sanatorium or on becoming aware of the death of a patient.

The following leaflet is what is supplied after notification of the disease :—

Important Public Notice as to Pulmonary Tuberculosis,
or “ CONSUMPTION.”

Every year more than 40,000 persons die from this disease in England and Wales. It affects all classes and nearly all ages, but it is not hereditary. It is entirely due to a germ, and it spreads by infection. The sputum or spit of consumptive persons contains these germs, and it is the chief means by which the infection is spread. With proper care, no one need have it, not even the children of consumptive parents.

Precautions to be observed.

1.—Do not spit on the floors of Public Rooms, Tramcars, Railway Carriages, etc. Use your influence to compel others to observe the law against such spitting. Turn away from a coughing neighbour, and do not cough yourself in the direction of others. (Those who are compelled to spit should only do so in proper receptacles, which ensures the safe disposal of the sputum).

2.—See that your rooms day and night are thoroughly and continually ventilated. Observe this at work as well as at home. Fresh air is the great preventive and curative agent, therefore spend as much of your leisure as possible out of doors.

3.—Let your food be simple and good ; avoid indulgence in alcoholic liquors ; observe regular hours for food and rest.

4.—Keep your body clean and warmly clad ; avoid getting your clothes wet if possible, and never remain in wet clothes or boots.

5.—Remember that infection may lurk in the dust of houses, schools, etc.; therefore insist on cleanliness without commotion,—*e.g.* moist sweeping and damp dusting.

6.—Most victims receive their infection direct from other sufferers, but there is no need to be afraid of consumptive friends or relations if they conduct themselves in accordance with instructions.

7.—Do not sleep in the same room as a consumptive patient if avoidable, and never sleep in the same bed. When a patient's house is vacated, the Sanitary Authority should be asked to disinfect the room. They will also disinfect the patient's clothing when desired.

The great points for the newly affected as well as for those who would avoid the disease are: fresh air, good food, cleanliness, temperate and regular living, suitable exercise and rest, cheerfulness.

Other Tubercular Diseases.

There were 21 deaths from this disease as compared with 12 deaths in 1906 and 9 deaths in 1905.

Classified according to locality they occurred as follows:—

West Ward	...	...	2
Central ,,	...	...	7
North ,,	...	...	6
East ,,	...	...	2
Victoria ,,	...	...	2
South ,,	...	...	2
			—
Total	...		21

This disease represents 6·1 per cent. of the total number of deaths or ·89 death rate per 1,000 population as compared ·80 death rate per 1,000 population for the County of Durham.

Bronchitis.

There were 42 deaths from this disease as compared with 24 in 1906 and 16 in 1905.

Classified according to locality they occurred as follows :—

West Ward	...	...	6
Central „	...	...	7
North „	...	...	7
East „	...	...	8
Victoria „	...	...	3
South „	...	...	11
Total ...			<hr/> 42

Pneumonia.

There were 43 deaths from this disease as compared with 45 in 1906 and 40 in 1905.

Classified according to locality they occurred as follows :—

West Ward	...	...	7
Central „	...	...	5
North „	...	...	5
East „	...	...	10
Victoria „	...	...	6
South „	...	...	10
Total ...			<hr/> 43

25 deaths occurred between the ages of 1 and 5 years, the remaining 18 between 5 and over 65 years.

Cancer (Malignant Disease).

There were 8 deaths from this disease as compared with 9 in 1906 and 14 deaths in 1905; 4 of the deaths occurred in the East Ward and 4 in the South Ward.

Premature Birth.

There were 20 deaths from this disease as compared with 8 deaths in 1906 and 16 deaths in 1905.

Classified according to locality they occurred as follows :—

West Ward	...	...	5
Central „	...	...	4
North „	...	...	2
East „	...	...	3
Victoria „	...	...	2
South „	...	...	4
Total ...			<hr/> 20

Heart Disease.

There were 38 deaths from this disease as compared with 50 deaths in 1906 and 32 deaths in 1905.

Classified according to locality they occurred as follows :—

West Ward	...	...	12
Central „	...	...	5
North „	...	...	7
East „	...	...	4
Victoria „	...	...	1
South „	...	...	9
Total ...			<hr/> 38

Enteritis.

There were 2 deaths from this disease as compared with 2 deaths in 1906 and 13 deaths in 1905. They occurred as follows :—
1 in West Ward and 1 in the South Ward.

Other Septic Diseases.

There were 3 deaths from this disease as compared with 4 deaths in 1906 and 4 deaths in 1905. They occurred as follows :—
1 each in the Central, North, and East Wards.

Alcoholism and Cirrhosis of the Liver.

There were no deaths from this disease as compared with 3 in 1906 and 1 in 1905.

Diseases and Accidents of Parturition.

There were 4 deaths from this disease as compared with 4 deaths in 1906 and 3 deaths in 1905. They occurred as follows:—
2 each in the West and East Wards.

Accidents.

There were 10 deaths from Accidents as compared with 16 deaths in 1906 and 9 deaths in 1905. They occurred as follows:—

West Ward	...	...	0
Central „	...	...	2
North „	...	...	2
East „	...	...	2
Victoria „	...	...	0
South „	...	...	4
Total ...			<hr/> 10

Suicides.

There were 3 deaths from Suicide as compared with none for 1906 and 4 for 1905.

All other causes.

There were 110 deaths from all other diseases as compared with 137 deaths in 1906 and 89 deaths for 1905.

Classified according to locality they occurred as follows:—

West Ward	...	...	23
Central „	...	...	17
North „	...	...	12
East „	...	...	25
Victoria „	...	...	8
South „	...	...	25
Total ...			<hr/> 110

Uncertified Deaths.

There were 9 uncertified deaths, various causes given:—Heart Disease, Premature Birth, etc., as compared with 11 deaths in 1906 and 15 deaths in 1905.

Coroner's Inquests.

Inquests were held enquiring into 15 deaths as compared with 25 in 1906 and 10 in 1905.

Deaths occurring outside the District of persons belonging thereto.

There were 33 deaths in the Harton Workhouse and Sedgefield (County Lunatic Asylum) as compared with 28 deaths in 1906 and 11 deaths in 1905.

Deaths occurring inside the District of persons not belonging to the same.

2 deaths, 1 belonging to Newcastle-on-Tyne and 1 Wallsend-on-Tyne.

The addition of the 33 deaths brings the total number of deaths of all persons belonging to the district to 375 and which gives a corrected **Death Rate** of 15·9 per 1,000 population.



Table I.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1907
AND PREVIOUS YEARS.

Year.	Population estimated to middle of each year.	Births.		Total Deaths registered in the District.				Total Deaths in Public Institutions in the District	Deaths of Non-residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	Nett deaths at all ages belonging to the District.	
		Number.	Rate.*	Under 1 year of age.		At all ages.					Number.	Rate.*
				Number	Rate per 1,000 Births registered	Number.	Rate.*					
1897	19302	698	36.1	120	171.8	360	18.6	1	0	8	368	19.0
1898	19728	718	36.3	110	153.2	307	15.5	2	0	21	328	16.6
1899	20154	738	36.6	130	177.5	365	18.1	...	0	17	382	18.9
1900	20581	748	36.3	124	165.7	401	19.4	...	0	18	419	20.3
1901	21007	805	38.3	139	172.6	364	17.3	13	0	14	378	17.9
1902	21433	855	39.8	119	139.1	358	16.7	7	1	22	379	17.6
1903	22040	805	36.5	117	145.3	350	15.8	3	0	24	374	16.9
1904	22310	772	34.5	126	147.6	373	16.7	1	0	14	388	17.3
1905	23021	765	33.2	106	130.8	334	14.5	7	1	11	334	14.5
1906	23336	814	34.8	111	136.3	375	16.0	11	1	28	402	17.1
Average for years 1897-1906.	21291	771	36.2	120	153.9	358	16.8	4.5	.3	17	375	17.6
1907	23577	833	35.3	108	129.6	342	14.5	6	0	33	375	15.9

* Rates calculated per 1,000 of estimated population.

Area of District in acres (exclusive of area covered by water) 1193.5

Total Population at all ages	...	20,901	} At Census of 1901.
Number of Inhabited Houses	...	4,253	
Average number of persons per house	...	4.91	

I.—Institutions within the District receiving sick and infirm persons from outside the District.—None.

II.—Institutions outside the District receiving sick and infirm persons from the District.—Royal Victoria Infirmary, Newcastle; Harton Workhouse; County Lunatic Asylum, Sedgefield.

III.—Other Institutions, the deaths in which have been distributed among the several localities in the District.—None.

Union Workhouse NOT within the District.

Table II.—VITAL STATISTICS OF SEPARATE LOCALITIES IN 1907 AND PREVIOUS YEARS.

Year.	WHOLE DISTRICT.				West Ward.				Central Ward				North Ward				East Ward				Victoria Ward				South Ward			
	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year	Population estimated to middle of each year	Births registered.	Deaths at all ages.	Deaths under 1 year	Population estimated to middle of each year	Births registered.	Deaths at all ages.	Deaths under 1 year	Population estimated to middle of each year	Births registered.	Deaths at all ages.	Deaths under 1 year	Population estimated to middle of each year	Births registered.	Deaths at all ages.	Deaths under 1 year	Population estimated to middle of each year	Births registered.	Deaths at all ages.	Deaths under 1 year	Population estimated to middle of each year	Births registered.	Deaths at all ages.	Deaths under 1 year
1897	*																											
1898																												
1899																												
1900																												
1901																												
1902																												
1903																												
1904																												
1905																												
1906																												
Average of Years 1896-1905.																												
1907	23577	833	375	108	3512	12477	263850	1375918	4247133	521444	8517875	18228991	271151	193170	8521													

* Unable to furnish. District during 1907 divided into Wards.

Table III.—CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1907.

NOTIFIABLE DISEASES.	Cases Notified in whole District							Total cases notified in each locality.							No. of cases removed to Hospital from each locality.											
	At all ages.	Under 1 year.	1 to 5 years.	5 to 15 years.	15 to 25 years.	25 to 65 years.	65 years and upwards.	West.	Central.	North.	East.	Victoria.	South. (H)	Total.	Out of District.		West.	Central.	North.	East.	Victoria.	South.	Total.	Out of District.		
															Harton Workhouse.	South Shields								Harton Workhouse.	South Shields	
Small-pox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup)	13	2	5	6	...	...	...	1	2	4	4	1	1	13	...	...	1	...	4	4	...	...	1	10	...	...
Erysipelas ...	25	1	3	...	3	16	2	4	2	7	11	1	...	25	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	84	...	35	42	6	1	...	6	17	17	16	17	11	84	...	...	6	17	12	14	17	10	76	...	...
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	13	...	1	6	...	5	...	1	2	5	4	...	3	13	...	...	...	2	2	1	...	3	8	...	...	...
Relapsing Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	2	...	...	...	...	2	...	...	...	1	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...
Plague ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Phthisis (Voluntary)...	26	...	2	2	3	18	1	6	7	4	3	2	4	26	...	...	...	...	...	...	...	...	...	...	...	...
Totals ...	183	3	46	56	13	42	3	1830	36	38	38	21	20	163	...	...	7	19	18	19	17	14	94	...	...	...

Isolation Hospital—Hebburn Urban District Fever Hospital.

Mark (H) denotes the Localiiy in which the Hospital is situated.

Table IV.

CAUSES OF, AND AGES AT, DEATH DURING 1907.

CAUSES OF DEATH.	Deaths at the subjoined ages of Residents whether occurring in or beyond District.						Deaths at all ages of Residents belonging to Localities, whether occurring in or beyond district.					Total deaths whether of Residents or Non- Residents occurring in public institutions in the district		
	All ages.	Under 1 year	1 and under 5	5 & under 15	15 & under 25	25 & under 65	65 & upwards	West.	Central.	North.	East.		Victoria.	South.
Small-pox	18	5	12	1	...	...	...	2	4	3	4	2	3	...
Measles	1	...	1	...	...	...	...	...	1	...	...	...	...	...
Scarlet fever	2	1	1	...	...	...	...	1	...	...	1	...	...	1
Whooping-cough	6	...	3	3	...	...	...	...	1	2	1	1	1	...
Diphtheria & Membranous Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Croup ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fever, Typhus	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fever, Enteric	4	...	...	1	1	2	...	...	1	1	1	...	...	4
Fever, other Continued	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Epidemic Influenza	4	...	...	...	...	3	1	2	...	...	...	...	2	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague	...	...	...	...	...	...	...	3	1	...	4	...	...	...
Diarrhoea	9	8	1	...	...	...	...	...	1	1	...	...	...	...
Enteritis	2	...	1	1	...	...	...	1	...	...	...	1	...	...
Puerperal fever	1	...	...	...	...	1	...	...	...	...	...	...	1	...
Erysipelas	2	...	...	...	...	2	...	1	...	...	1	...	...	...
Other septic diseases	3	...	1	1	...	1	...	...	1	1	1	...	...	...
Phthisis (Pulmonary Tuberculosis)	23	...	...	...	6	16	1	8	3	1	2	1	8	...
Other tubercular diseases	21	1	5	8	4	3	...	2	7	6	2	2	2	...
Cancer, malignant disease	8	...	...	...	1	4	3	...	...	...	4	...	4	...
Bronchitis	42	16	8	1	...	11	6	6	7	7	8	3	11	...
Pneumonia	43	9	16	1	2	8	7	7	5	5	10	6	10	...
Pleurisy	1	...	...	...	...	1	...	1	...	...	...	...	...	...
Other diseases of respiratory organs	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Alcoholism, Cirrhosis of liver...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Venereal diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Premature Birth	20	20	...	...	...	...	...	5	4	2	3	2	4	...
Diseases & accidents of parturition	4	...	...	...	...	4	...	2	...	...	2	...	...	...
Heart Diseases	38	2	...	1	5	13	17	12	5	7	4	1	9	...
Accidents	10	...	...	1	6	3	...	...	2	2	2	...	4	...
Suicides	3	...	...	...	...	3	...	1	...	2	...	...	...	...
All other causes	110	46	2	3	4	32	23	23	17	12	25	8	25	...
All causes	375	108	51	22	29	107	58	77	59	52	75	27	85	6

Table V.

INFANTILE MORTALITY DURING THE YEAR 1907.

Deaths from stated Causes in Weeks and Months under One Year of Age.

Cause of Death.	Under 1 Year										Total under 1 Month.	Total Deaths under One Year									
	Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.		7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.					
Certified ...	25	9	2	1	37	8	5	7	10	7	3	4	4	10	3	102					
Uncertified...	2	...	...	...	2	1	1	...	...	1	...	1	...	...	...	6
All Causes					
					
					
Infectious Diseases					
					
					
Common Diseases					
					
					
Diarrhoeal Diseases					
					
					
Wasting Diseases.	17	3	1	...	20	...	...	...	...	1	...	...	...	...	...	20
	1	...	1	...	2	...	...	...	...	...	...	...	...	...	...	2
	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	2
Tuberculous Diseases	4	1	1	...	6	2	2	2	2	2	...	...	...	...	...	16
	1					
					
Other Tuberculous Diseases					
					
					
Erysipelas					
					
					
Syphilis					
					
					
Rickets					
					
					
Meningitis, not Tubercul's					
					
					
Convulsions	3	3	...	1	6	1	2	...	2	4	...	...	...	...	1	9	
					
					
Bronchitis					
					
					
Laryngitis					
					
					
Pneumonia...	...	1	...	...	1	...	...	1	2	...	...	...	...	...	...	...
					
					
Suffocation, overlaying					
					
					
Other causes	1	1	...	...	2	4	1	1	2	1	2	2	...	...	...	19
					
					
	27	9	2	1	39	9	6	7	10	8	3	5	4	4	10	3	108				

Births in the Year { Legitimate 802
 Illegitimate 31
 Deaths from all causes at all ages 375

PART II.

**Prevalence of Infectious Diseases and Measures taken
for Arresting their Spread.**

There were 163 cases notified in 1907 (see Table III.) including 26 cases of Phthisis, as compared with 239 cases notified in 1906 and 205 cases notified in 1905.

Of the 163 cases notified 94 were removed to and treated in the Isolation Hospital. This represents 57·6 per cent. of the total number notified, as compared with 56·9 per cent. in 1906 and 33·1 per cent. in 1905.

Quarterly Notifications.

1st Quarter.

Scarlet	...	...	14
Diphtheria	...	...	2
Erysipelas	...	...	4
Enteric	...	...	4
Phthisis	...	...	6—30

2nd Quarter.

Scarlet	...	...	20
Diphtheria	...	...	3
Erysipelas	...	...	8
Enteric	...	...	2
Phthisis	...	...	5—38

3rd Quarter.

Scarlet	...	...	22
Diphtheria	...	...	6
Erysipelas	...	...	9
Enteric	...	...	4
Phthisis	...	...	6
Puerperal	...	...	1—48

4th Quarter.

Scarlet	...	...	28
Diphtheria	...	...	2
Erysipelas	...	...	4
Enteric	...	...	3
Phthisis	...	...	9
Puerperal	...	...	1—47
Total			<hr/> 163

See Table III. for list of cases notified and cases removed to Hospital.

Every case notified was visited by the Sanitary Inspector and when necessary by myself. Each house was carefully inspected as to its Sanitary condition, and when deemed necessary the drains tested by the smoke test.

Disinfectants and Printed Instructions were supplied to each infected house. The disinfectants used are Izal, Eukotas, Thymo-Creolin, Fluid and Powder, Carbolic Acid, Chloride of Lime, and Formalin Solution, and Sulphur Cakes.

During the Isolation period the houses are periodically visited to see that every precaution is being taken, and the instructions being fully carried out.

Non-Notifiable diseases are frequently supplied with disinfectants, and in the discovery of these cases we have the co-operation of the School Board Officials and the Vaccination Officer.

The School Board Officials deserve every thanks for the energetic manner in which they endeavour to assist the Health Department. Suspicious cases of Fever are notified by them to me, and insanitary homes, etc., are also occasionally reported.

The bedding, etc., of every infected house is taken in a van to the Fever Hospital where it is thoroughly disinfected by steam and dried by heated air in the Thresh Disinfector; it is then placed in another van (kept only for removing disinfected bedding, etc.) and returned.

Occasionally, when the mattresses, etc., are too old to be disinfected, etc., they are burned and replaced at the Council's expense.

Disinfection of Houses.

This is carried out after the removal of patients to Hospital, Recovery at Home, Removal to Workhouse (if required), and after death from Phthisis.

Sulphur Cakes, Sulphur Dioxide in Tubes, (Sulphurine), Spraying with Solutions of Hydrary Iodide, and Formalin are what is used.

See Table III.

Scarlet Fever.

During the year 84 cases of this disease were notified as compared with 163 cases notified in 1906, and 53 cases in 1905.

Classified according to locality they occurred as follows :—

West Ward	...	...	6
Central „	...	...	17
North „	...	...	17
East „	...	...	16
Victoria „	...	...	17
South „	...	...	11
			—
Total	...		84

Of the 84 cases notified 76 cases were removed to and treated in the Isolation Hospital.

There was 1 death in the Isolation Hospital from this disease.

Enteric Fever.

There were 13 cases notified as compared with 14 cases notified in 1906 and 26 cases notified in 1905.

Classified according to locality they occurred as follows :—

West Ward	...	...	1
Central „	...	...	2
North „	...	...	3
East „	...	...	4
Victoria „	...	...	0
South „	...	...	3
			—
Total	...		13

Of the 13 cases notified 8 were removed to and treated in the Isolation Hospital. There were 4 deaths from this disease in the Isolation Hospital.

As to the cause of this disease I invariably found insanitary surroundings, defective drains, etc., causes readily removable by thorough and systematic inspection and a free use of disinfectants.

Diphtheria.

There were 13 cases of this disease notified during the year as compared with 11 cases notified in 1906 and 3 cases notified in 1905.

Classified according to locality they occurred as follows :—

West Ward	...	...	1
Central „	...	...	2
North „	...	...	4
East „	...	...	4
Victoria „	...	...	1
South „	...	...	1
			—
Total	...		13

Of the 13 cases notified 10 were removed to and treated in the Isolation Hospital.

There were 6 deaths from this disease—1 in the West Ward, 2 in the North, 1 each in the East, Victoria, and South Wards.

As to the cause of this disease I found nothing except defective sanitary surroundings, the milk and water supply being good in every case.

Membranous Group.

None.

Puerperal Fever.

There were 2 cases of this disease notified—1 each in the North and South Wards—as compared with none in 1906. *See my previous remarks upon Puerperal Fever.*

Erysipelas.

There were 25 cases of this disease notified as compared with 31 cases in 1906 and 11 cases in 1905.

Classified according to locality they occurred as follows:—

West Ward	...	...	4
Central ,,	...	...	2
North ,,	...	...	7
East ,,	...	...	11
Victoria ,,	...	...	1
South ,,	...	...	0
			—
	Total	...	25

There were 2 deaths from this disease—1 each in the West and East Wards.

District Fever Hospital.

Hospital Expenditure, 1907.

	£	s.	d.
Food and Maintenance	451	1	4
Wages : Nurses, Domestics, Special Hires, etc.	207	19	11
Repairs, Renewals, Disinfectants, etc.	137	1	11
Repairs : Labour	29	12	6
Fuel and Light	116	6	6
Drugs, etc.	40	13	9
Ground Rent	24	0	0
Insurance, Rates, Taxes, Telephone, etc.	26	14	9
Removal of Patients	53	10	2
Labour : Gardeners	13	10	10
	£1,100	11	8

94 patients. £11 14s. 4d. per patient.

The expenditure for 1907 is £71 6s. 11d. more than the previous year.

There were 94 cases admitted and treated in the Hospital, this works out at £11 14s. 4d. per patient as compared with 136 cases admitted and treated and £7 11s. 4d. per patient in 1906.

The Hospital at present is well staffed and provided with every necessity. Matron (Miss Loveland), a Sister, two Probationers, three Domestic Servants (a Cook and two Ward Maids), also the services of a Washerwoman, and when necessary, special nurses.

There were 6 deaths during the year in the Hospital. 4 Enteric Fever, 1 Scarlet Fever, and 1 Diphtheria.

REQUIREMENTS.

As in my previous Reports I still urge upon the Council to take into consideration the advisability of having a permanent man employed at the Hospital.

PART III.

General Sanitation.

During the year every endeavour has been made by the Council employees under the supervision of the District Surveyor (Mr. Paterson) to keep the district in a thorough clean and sanitary condition—the streets, roads, and lanes are well repaired, swept and cleaned systematically, main sewers and drains are kept clean and flushed periodically when necessary. Much energy and money has been spent repairing back lanes and streets, and taking into consideration the character and situation of the district, it will compare favourably with other manufacturing towns.

A new feature in the district is the laying of the streets and lanes with tar macadam. I understand that shortly several of the delapidated and worn back lanes situated in the Quay, New Town and Colliery districts will be relaid with tar macadam. It is certainly cleaner, more sanitary, and equally as lasting as the old fashioned cobble stone paving, and in doing such the Council are acting wisely.

As in my reports of the previous years I still strongly urge upon you as my Council to carefully consider the necessity of having additional help in the Health department. The district is sadly in need of systematical and periodical inspection—there is certainly plenty of work for an additional Sanitary Inspector. Taking the district as a whole, the streets, lanes, class of property, etc., they are certainly kept clean as I have just mentioned. The district is provided with a Park, Cemetery, Fever Hospital and Infirmary, all thoroughly kept and up-to-date, and a credit to the district, but it is to the homes in certain localities that I wish to draw your attention: Collins Lane, James Lane, Prince Consort Lane, Lyons Lane, Williams Lane, Cuthbert Lane, Glen Lane, Station Lane, Charles Lane, Johns Lane, Thistle Lane, and Back Victoria Road West, it is in the homes of these localities that the seed and fruit of Public Health are to be found. The principal infectious diseases for the year

have been removed from the lanes mentioned. The class of inhabitants, the condition of the property certainly calls for a thorough and systematic inspection. The education and instructions given to the inhabitants by a competent person would certainly improve the inhabitants morally and make their homes more sanitary. During my inspections I have carefully noted how many of the defects were due to the careless and destructive habits of the inhabitants themselves. Doors pulled off; roofs broken; ash-closet seats dirty and hanging off, sinks choked, water taps twisted and broken; defective plastering in passages; skirting boards pulled off; defective paving in yards; windows broken; floors defective; dirt prominent everywhere inside, are a few defects that one finds. Certainly some of the property is old and defective, combine these with a careless and destructive tenant and the result is as I have described. The only remedy is assistance in the Health Department; a thorough, systematic, and periodical inspection is what is required, and until this class of inhabitants can be taught by the Law of the Public Health Acts that such cannot and will not be allowed to exist this state of affairs must always be found.

I have noted during the year the slow progress made towards the appointment of an additional Sanitary Inspector and very much regret that I have had once again to bring it so forcibly before you. I sincerely hope that you will adopt the Notification of Births Act, and in the administration of this Act take into consideration how the duties of a Health Visitor and Lady Sanitary Inspector might be efficiently combined.

It is to the houses in these localities that much is needed. I can compare it to nothing more than having the outside clean and the inside dirty. I would much rather have it the other way about—it would be certainly much more easily noticed and I think speedily remedied.

I had forwarded to me a Memorandum from the Board of Education dealing with the Education (Administrative Provisions) Act 1907, and how the Act should be administered. It advises the

manner in which the Act should be put into force: 1st, it requires children to be inspected at the schools; and 2nd, it advises how the defects are to be remedied. It dwells at some length upon the remedy and home surroundings, so that you will see in comparison that the Board of Education are quite alive to the fact that the Home is where the defects are caused and can be remedied.

I offer to you my advice and remarks upon the Education (Administrative Provisions) Act 1907.

Education (Administrative Provisions) Act, 1907.

I have carefully read the Board of Education Memorandum sent to me through the Local Government Board and regret that you as my Council did not consult me as to the possible benefits to be derived in the administration of this Act. I must point out to you with regards to myself, as Medical Officer of Health, the recommendations of the Board of Education have been ignored, and the attempt to join the Sanitary Authority and the Educational Authority of the town through the Health Department for the welfare of the district, and the children or rather the rising population, has so far missed its mark. In my opinion the relationship between the School and the Home, which, the Board of Education states it is so important to maintain, cannot be efficiently controlled except through the Health Department. You have taken no steps to provide for the supervision at the home (and it is in the home, in fact, that both the seed and the fruit of public health are to be found) of school children who have been found in need of attention as a result of Medical Inspection. If that supervision or rather the Act is to be properly administered, a Health Visitor or School Nurse is necessary, and she should certainly act under the advice of the Medical Officer of Health of the Authority represented by the Education Committee. The recommendations and spirit of the Board of Education are that unless the examination of the children at school and the examination of the home surroundings can be conducted jointly; any defects found in children at school cannot be remedied, and the true intention of the Act as given and recommended to every Authority will not be fulfilled.

There has been much good work done in the repairing of delapidated property and the converting of Ash Pits into Ash Closets. Certain properties have been inspected and reported upon and in due course condemned and altered; only in one instance was Court Proceedings taken, namely that of the property at the Corner of Victoria Street and James' Lane, the case was an easy victory and the property condemned, a penalty being inflicted upon the owner for keeping his property in an insanitary condition and not fit for human habitation.

House to house inspection is what is urgently needed. Dirty houses (interiors), filthy ash closets, fowls kept in yards, filthy gullies, causes due to careless tenants, must not be allowed to exist. There are no doubt, inhabitants in certain localities who need to be carefully watched and traced from house to house (since they are always moving from one house to another at short intervals) to see that they keep their houses and yards in a proper sanitary condition. It is this class of inhabitant who, through poverty and drink, cares little about the property he dwells in or its sanitary surroundings. Overcrowding is a mere item under such circumstances. It is this class of inhabitant the Sanitary Inspector needs to watch closely so as to teach and educate them to keep their homes and surroundings cleaner and encourage them to live in a brighter, cleaner, and healthier atmosphere—it is the inhabitants themselves who will derive the benefits mentally, morally, and physically.

Public Urinals.

There are 5 in number situated in district—none being provided in the North, South, and Victoria Wards. I have inspected them and reported to you as to their insanitary condition. At present they are deserving of immediate attention. I anticipated this work was to have been done and why the delay I fail to understand.

Sanitary Condition as to the Public Elementary Schools.

During the year I inspected certain Schools for the Epidemic of Measles, and whilst they were closed I had them thoroughly

disinfected and cleaned. I reported the same to you and at the same time mentioned that they were in a fair sanitary condition. I take this opportunity of mentioning to you that although the sanitary condition of the Schools is passable, much will need to be done before I can say they are thoroughly up-to-date and sanitary. Some of the present Out Offices (Urinals and Closets) are old, dilapidated, small, unsafe and seriously out of date. As an example, take the Out Offices of the New Town Schools (Boys and Girls), also the Catholic Schools.

Another feature noticeable is that the Schools' requirements for providing drinking water and washing purposes are unclean, insanitary, and out of date. 1 drinking utensil, 4 basins, and 2 towels (changed, I think, twice weekly) in my opinion is much too small for the needs of the number of children expected to use the same.

It is of the utmost importance to remember that proper drinking vessels, wash-hand basins, and the necessary accompaniments of soap and towels, etc., should be utilised, not merely for the immediate purpose of cleansing the hands and face, etc., but also as a humanising influence and as the means of inducing habits and instincts of cleanliness and of cultivating practical lessons in the true value of personal self-respect and hygiene.

REQUIREMENTS.

An additional Sanitary Inspector, so as to have thorough and systematical inspection of certain localities and the compulsory education of certain inhabitants on Sanitary matters.

Scavenging.

The Scavenging of the district has been carried on satisfactorily during the year; there have been few difficulties concerning getting the refuse to sea or obtaining tips in the neighbourhood. I have had a few complaints about the refuse being scattered over the land in the immediate vicinity of the town, and I have no doubt that it is annoying to the inhabitants seeking fresh air and exercise—it is

certainly beneficial to the land but not to the inhabitants, and an out-of-date method of disposing of the town's refuse in a populous district. The early completion of the Quay and the purchasing of Hoppers or the erection of a Refuse Destructor, is, what is urgently needed.

Ash Pits and Ash Closets.

During the Year the Council decided that twelve months be given to all Landlords to have Ash-pits converted into Ash Closets, (there were a few exemptions due to it having been found that Ash-pits were more serviceable and sanitary than Ash-closets, the Ash-pits being only used as receptacles for refuse, and not as Privy Ash-pits). This has worked fairly well, but there still remains a few in the Quay, and New Town, and Colliery. The following table gives the number remaining in the three areas mentioned:—

			Ash-Pits.
Quay	...	...	4
New Town	...	...	24
Colliery	...	...	199
			<hr/>
	Total	...	227

During the year there was an increase of 111 Ash Closets; 66 being converted from 54 Ash Pits and 45 being new Ash Closets.

The Landlords are being continually notified, and the work of converting Ash Pits into Ash Closets is proceeding quietly. Several alterations are going on at present in each district, and I think that the end of the year 1908 will see a vast diminution of the above figures.

New Buildings.

There were 36 Self-Contained and Tenement Houses built and occupied during the year. Classified according to locality they were as follows:—

West Ward	...	...	Nil.
Central „	...	...	Nil.

North Ward	...	...	6
Victoria „	...	...	16
South „	...	...	14
East „	...	...	Nil.
	Total	...	<hr/> 36

Colliery Houses and District.

(EAST WARD.)

For full particulars, etc., see my report of last year, 1906.

During the year 1907, steady and slow progress has been carried on to complete the requirements of the Council and bring the East Ward into an up-to-date and sanitary condition.

The houses condemned and closed and then agreed to be altered by the Colliery Company to meet the Council's requirements, have practically all been completed, with the exception of boarding the attics in High Lane Row East, and this, I understand, Mr. Anderson (the Colliery Agent) has agreed to do, if given a reasonable time.

The sewers in the Colliery have been laid and properly ventilated at the Council's expense, and the Colliery Company have connected the house drains to them as was agreed.

There is still much to be done before the Colliery District or East Ward can be said to be in a reasonably sanitary condition.

There were a few examples of overcrowding in High Lane Row East, but this was speedily remedied when brought to the notice of the Colliery Agent (Mr. Anderson). Larger houses were provided for the families in other streets. The laying of the drains has not been quite so successful as it might have been, had the re-paving of the yards been left over until the gullies and drains had been fixed. The defects found now are that the yards are not paved with a fall towards the gullies, and any slops that miss the same are often to be seen lying in the yard, a thing more unsightly than dangerous and could easily be remedied if proper care was exercised by the tenants.

The Colliery Company were notified to convert all Ash Pits into Ash Closets, and were given 12 months to complete the work; this work has not been completed, but taking into consideration the earnest endeavour and the agreements now arranged, the Colliery Company are perhaps a little excusable. Much money has been spent during the past seven years and will continue to be spent until the Council requirements are fully completed.

There are still certain houses in the Colliery not suitable for large families, and with a little care suitable occupants could be arranged to suit the same.

There still exists the open channels in the streets and a few old untrapped gullies. From inspections I have made I think it would be better if these channels were removed and the streets properly made. The inhabitants still continue to use them. Concerning the old untrapped gullies in Store Row, Cross Row, and High Lane Row West, our Surveyor, Mr. Paterson, informs me that arrangements have been come to with Mr. Anderson (Colliery Agent) to have them replaced where necessary with proper up-to-date trapped gullies.

To-day, 7-2-08, I notice that the Colliery Company are pushing ahead and converting the Ash Pits into Ash Closets in Waggonman's Row and Frederick Street.

In my opinion it would certainly have been more creditable both to the Council and to the Colliery Company if certain houses in the Square and High Lane Row East had been pulled down and rebuilt.

Water Supply.

The Water Supply of the district is obtained from the Sunderland and South Shields Water Company who derive it from deep wells, sunk in Magnesian Limestone; it is supplied with sufficient force to reach the highest points in the district from the Boldon Reservoir, and is very hard, plentiful, and of good quality.

Food and Drugs Act.

During the year there were several inspections and Court proceedings were taken; in one instance when 6 pairs of rabbits (frozen) were seized and condemned; they were proved to be unwholesome and unfit for food—the owner of same was fined 10/- by the Justices.

Public Bakehouses.

There are 2 Bakehouses situated in the New Town (South Ward), they were visited periodically and always found clean and quite satisfactory a credit to the owners.

Cow Sheds, Dairies, and Milk Shops.

There are 6 licensed Cow Keepers and 30 Milk Shops and several companies selling milk in the district. The Cow Sheds and Dairies have been periodically inspected and always found clean and satisfactory, the necessary regulations in each case being fulfilled. A new feature existing is the selling of milk in bottles. I have made enquiries concerning the same and feel quite satisfied as to its benefits, especially in the summer time, when Diarrhœa is prevalent. The milk can easily be kept clean, cool, and if required, sterilized, before use. I understand all bottles are thoroughly washed, and the milk sterilized before delivery.

As to the Water Supply of the Dairies, with the exception of two, they derive it from the public supply; the two exceptions obtain water from wells, and which wells, when inspected and the water tested, proved satisfactory.

Slaughter Houses.

There are at present 11 Slaughter Houses in the district—a decrease of 2 from last year—and 25 retail fresh meat, pork, chilled and frozen meat shops, they have been inspected periodically and found satisfactory. A public Slaughter House with proper bye-laws

would certainly be an improvement and a more up-to-date method of slaughtering.

Common Lodging Houses.

There is only 1 Common Lodging House in the district. During the year its owner left and the new occupant was requested to apply for a license. It has been visited periodically and always found clean and satisfactory, being regularly lime-washed.

I certainly think it would be beneficial to you as a Council to encourage more Common Lodging Houses with proper bye-laws and regulations. In an industrial district, like Hebburn, there is an encouragement for families to take in lodgers, and in many instances I have found examples of overcrowding. Would it not be much better to have these houses under supervision and periodical inspection?

Factories and Workshops.

There are 13 registered Factory and Workshops in the district; they have all been visited periodically during the year and found to be kept clean and in a sanitary condition and carried on according to the Factory and Workshops' Act and Regulations.

See the following Tables required by the Local Government Board upon the administration of the Factory and Workshops' Act, 1901 :—

Annual Report of the Medical Officer of Health for the year 1907 for the Urban District of Hebburn,

on the administration of the Factory and Workshop Act, 1901, in connection with

Factories, Workshops, Laundries, Workplaces and Homework.

I.—INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of Inspecti'ns	Number of Written Notices.	Number of Pro- secutions.
Factories (including Factory Laundries)	...	...	...
Workshops (including Workshop Laundries)	30	...	...
Workplaces (other than Outwork- ers premises included in part 3 of this report) ... ..	...	...	...
Total	30	...	...

II.—DEFECTS.

Particulars.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied	Referred to H.M. Inspector	
Nuisances under the Public Health Acts—				
Want of Clealiness				
Want of Ventilation				
Overcrowding				
Want of drainage of floors				
Other nuisances				
Insufficient sanitary accommodation...				
Unsuitable or defective „ ...	Nil.	Nil.	Nil.	Nil.
Not separate for sexes „ ...				
Offences under the Factory & Workshop Act :				
Illegal occupation of underground bake-houses				
Breach of special sanitary requirements for bakehouses				
Other offences (excluding offences relating to outwork which are included in Part 3 of this report				
Total				

III.—HOME WORK.

Nature of Work.			
Wearing Apparel—(1) Making, &c. ...			
(2) Cleaning and washing			
Lace, lace curtains and nets ...			
Artificial flowers ...			
Nets, other than wire nets ...			
Tents ...			
Sacks ...			
Furniture and upholstery ...			
Fur pulling ...			
Feather sorting ...			
Umbrellas, &c. ...			
Carding, &c. of buttons, &c. ...			
Paper bags and boxes ...			
Basket making ...			
Brush making ...			
Racquet and tennis balls ...			
Stuffed toys ...			
File making ...			
Electro-plate ...			
Cables and chains ...			
Anchors and grapnels ...			
Cart gear ...			
Locks, latches and keys ...			
Pea Picking ...			
Total ...			

NIL.

IV.—REGISTERED WORKSHOPS.

Workshops on the Register at the end of the year.				Number.
Plumbers' Workshops	...	...	...	3
Bakehouses	...	...	...	2
Milliners' Workshops	...	...	...	3
Dressmakers' Workshops	...	...	...	2
Tailors' Workshops	...	...	...	2
Sailmakers' Workshop	...	...	...	1
Total number of workshops on register				13

V.—OTHER MATTERS.

Class.					No.
Matters notified to H.M. Inspector of Factories:—					NIL.
Failure to affix Abstract of the Factory and Workshop Act	...	...	...	...
Action taken—Notified by H.M. Inspector	...	...	...	...
Reports (of action taken) sent to H.M. Inspector	...	...	...	...
Other	...	...	...	...
Underground Bakehouses:					
Certificates granted during the year	...	...	...	...
In use at the end of the year	...	...	...	...

Summary of Requirements for the District.

1. An additional Sanitary Inspector so as to have thorough and systematical inspection of certain localities and the compulsory education of certain inhabitants on Sanitary matters.

2. A Permanent Workman employed at the Fever Hospital so as to make the Hospital more attractive to patients and visitors.

3. A thorough and true administration of the Education (Administrative Provisions) Act, 1907, as recommended by the Board of Education and supervised through the Health Department of the Authority represented by the Educational Committee.

4. The adoption of the Notification of Births Act, 1907, and the proper administration of the Act by a Lady Health Visitor or, as I have suggested, a Lady Sanitary Inspector to do double duties.

5. The Erection of a Quay and the Purchasing of Hoppers or the Erection of a Refuse Destructor such as is generally erected by Messrs. Heeman and Froude, complete with every modern appliance, for the speedy disposal of the Town's refuse.

6. The early completion of the Sanitary defects in the Colliery Area or East Ward.

7. The necessity of more Common Lodging Houses.

8. The pushing forward of the Conjoint Small Pox Hospital Scheme.

9. Public Slaughter House with proper Bye-Laws and Regulations.

10. Public Baths a necessity for the town.

11. Increased and better outlets from the Quay to the New Town, such as the widening of the Station Bridge or the erection of another bridge across the Railway, the same applies to the outlet from the Quay to the Colliery.

I am, Gentlemen,

Your obedient Servant,

A. M. G. WALKER.

Sanitary Inspector's Report.

*To the Chairman and Councillors of the
Urban District of Hebburn.*

GENTLEMEN,

I beg to lay before you my Annual Report for the year 1907.

Infectious Diseases.

Under the instructions of the Medical Officer of Health, I have removed 94 cases to the Isolation Hospital, 42 cases fewer than in the previous year. I have also superintended the removal and disinfection of the bedding and other infected articles from 126 houses and only in one case was their any claim made for damages and that through no fault of the disinfectors.

I have made 189 visits to houses where there were cases of infectious disease but which were not removed to the Hospital. In all cases disinfectants were supplied and bills of instructions as to the use of the same.

The School Attendance Officers were made acquainted with all cases of notified diseases so as to prevent children from attending school and so assist in the prevention of its spread.

Refuse Disposal.

During the year about 12,000 loads of house refuse have been collected and disposed of, 3,000 loads of it being put on the land in the neighbourhood and about 2,000 loads tipped in the clayhole, etc., the remainder being sent to sea in the hoppers.

Ash Pits and Ash Closets.

The number of Ash Pits replaced by Ash Closets are less than might have been expected, the Colliery Coy. having done little in the matter, but seeing that the twelve months allowed has now elapsed and the promises made by the above Coy., it may be hoped that good progress will now be made.

The following shows the position in reference to Ash Pits and Ash Closets at the end of the year :—

			Ash closets	Ash pits.	Increase of Ash closets	Decrease of Ash pits.
QUAY ...	...	...	2010	4	43	24
NEW TOWN	...	...	950	24	37	13
COLLIERY	...	...	484	199	15	8
EAST END	...	...	335	...	16	...
TOTAL			3779	227	111	45

In the column "Increase of Ash Closets, 111," 66 were converted from the 54 ash pits, the remaining 45 were for new houses built during the year. I have found it impossible to get these ash pits and ash closets divided into the different Wards this year, but it may be done for next year.

Slaughter Houses.

There are 11 private Slaughter Houses in the district, all of which are registered and have been in use many years, and although they are fairly well kept, still they fall far short of the more modern ideas of what a slaughter house ought to be.

Connected with the above there are the same number of retail shops, and in addition there are 25 retail shops for the sale of fresh

meat, chilled meat, pork, etc., all of which I visit when I think necessary.

Cowsheds, Dairies, and Milkshops.

There are 6 Cowsheds within the district from which milk is supplied both wholesale and retail. In visiting these I always impress upon the occupiers the necessity of cleanliness, and the health of the servants or other persons handling the animals or utensils for holding the milk.

There are about 30 shops for the retail of milk, and in addition several milk hawkers from other districts.

Bake Houses.

There are 2 Bake Houses, these I visit from time to time and invariably find them clean and well kept.

Lodging Houses.

There is just 1 Lodging House in the district; it has been fairly well kept. A short time ago a new keeper was registered, namely James Layden, who has been a long resident in the district, and I have hopes that it will be well looked after.

Precautions against Infectious Disease.

Lots of infectious bedding stoved or destroyed	...	117
Houses disinfected after Infectious Disease	...	126
Schools „ „ „ „ „	...	6

Unwholesome Food.

There were 6 pairs of rabbits seized and condemned as unfit for food, the defendant was fined 10/- by the Justices.

Housing of the Working Classes Act, 1890.

One formal notice was served dealing with 11 dwellings under this Act. The Magistrates granted a closing order and fined the defendant £1 and costs.

Summary of Work done.

Public Health Acts.	No. of Informal Written Notices by Inspector.	No. of Formal Notices by Order of Authority.	No. of Nuisances Abated after Notices.	Remarks.
Foul Conditions ...	37	2	35	
Structural Defects ...	35	23	32	
Overcrowding ...	13	10	13	
Ashpits and Privies ...	34	16	28	
Deposit of Refuse, etc.	2	...	2	
Defective Yard Paving	6	3	6	
Defective Traps ...	1	...	1	
No Disconnection from Sewers ...	2	1	2	
Other Faults ...	31	4	31	
No Water Supply ...	7	2	7	
Animals improperly kept ...	5	3	5	
Gutters and Spouts ...	12	2	12	
Totals ...	185	66	174	

I am, Gentlemen,

Your obedient Servant,

R. S. THOMSON, A.R.S. INST.,

SANITARY INSPECTOR.

